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ABSTRACT

Described are the development and use of the ALL (Articulation and Language Learning) program, an approach to articulation therapy for 3- to 7-year-old children with coordinated materials for speech clinicians, parents, and teachers. The curriculum guide is explained to incorporate individualized educational programs, learning activities, word lists, work sheets, and cassette songs for each of 23 units. Eleven procedures are listed for using the ALL program, and additional suggestions are made concerning such aspects as instructional materials and parent and teacher involvement. Field test data is said to indicate a high dismissal rate coupled with a minimal amount of exposure. (CL)

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A Program of Articulation Therapy In A Language Framework
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Need

For many years, the area of articulation disorders has been viewed as a distinct entity from language. Speech clinicians have traditionally corrected misarticulations in syllables and words and finally in a language framework. Carryover of the corrected sound to the child's environment has often met with failure and resulted in children experiencing problems in many areas of academic achievement. In addition, costs to the school districts have been exorbitant due to the extended periods of therapy and the subsequent need for additional professional involvement. Parents and teachers have rarely been utilized to their full capacities in the therapy process. The need for an articulation program enmeshed in a language framework with coordinated materials for speech clinicians, parents, and teachers has led to the development of Articulation and Language Learning (ALL PROGRAM).

Purpose of the Program

The ALL PROGRAM was developed to assist speech clinicians in teaching children three through seven years of age the correct production of error phonemes in words, phrases and sentences. The program presents articulation therapy in a language framework through the use of a natural environmental approach. This

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approach enhances language development and contributes to an increase in vocabularies, knowledge of word meanings, concept formation and grammatical rules. In using this guide, it is also expected that parents, teachers, non-speech defective children and others will become more knowledgeable of speech and language development and treatment. Since each is a vital component of the ALL PROGRAM, it becomes more than a speech clinician's curriculum guide. The program combines articulation and language and its effectiveness has been demonstrated through early pupil dismissals. This reduction in therapy time has led to a cost efficient program.

Program Development

The ALL PROGRAM is the major product of the Early Education for Speech and Hearing Handicapped Outreach Program. Funded in 1973 by the Handicapped Children's Early Education Program the project was mandated to develop innovative and exemplary programs for speech and language handicapped children. The ALL PROGRAM was developed with a view to the needs of pre-school speech and language handicapped children and the requirements of P.L. 94-142, Education for All Handicapped Children Act of 1975. The project was funded for outreach assistance in 1976 and replication sites were established in South Carolina, North Carolina, Michigan, Missouri, Oklahoma, Georgia and Minnesota. These replication sites have utilized the ALL PROGRAM with the speech and language impaired and other exceptional children including the mentally retarded, learning disabled, visually impaired and blind. It has also been used in the classrooms as a speech and language improvement program activity and as an aid to students learning English as a second language.

Description

This curriculum guide contains instructional materials relating to 23 consonant sounds which are listed in the Table of Contents in the order of Mildren Templins' data on the maturation of consonant sounds. Each phoneme is considered one unit; therefore, the ALL PROGRAM contains 23 units. Each unit contains an individualized educational program (IEP) which may be adapted to meet the special needs of children, a series of lesson plans designed to achieve the goals established in the IEP, and word lists to give the speech clinician flexibility in modifying or expanding the program. Also included in the ALL PROGRAM, but not in this book, are activity sheets which accompany each lesson plan designed for children, parents and teachers, a cassette recording demonstrating all the songs used in ALL PROGRAM lesson plans and the ALL PROGRAM TEST BOOK which includes test items for the 23 phonemes. Phonemes are listed by letters instead of phonetic symbols in order to communicate more effectively with parents and teachers and not to confuse children who are at various levels of development. The following features are included in each unit:

Individual Educational Programs (IEP) -- The ALL PROGRAM contains 23 individualized educational programs or one for each unit. The IEP form initiates each unit and may be reprinted for each child involved in a specific unit of the ALL PROGRAM. It is the speech clinician's responsibility to complete the IEP form on each child before he begins a unit. After placing the child's name on the IEP, the next step is to complete the articulation profile which is in the upper right corner of the IEP form. Using articulation test results as a guide,

the clinician places a check mark or other symbols such as p/f for a substitution, - for an omission, X for a distortion, and N.A. for "not administered" in the appropriate boxes. Based on the child's articulation profile and her philosophy regarding articulation therapy, the speech clinician decides whether to administer all lesson plans in a unit or only selected ones corresponding to the error position(s). The termination date recorded on the IEP form is contingent on the severity of the child's problem noted in the articulation profile, time and scheduling considerations and philosophy regarding treatment. After completing the remaining information on the IEP form, the speech clinician signs it and places it in the child's folder along with his annual IEP and other information. The criterion of each IEP is production of the target sound in the initial, medial and final positions with at least 95% accuracy in words and at least 75% accuracy in sentences evaluated by the ALL PROGRAM tests. Instructional materials for the entire unit are also listed on the IEP.

Activities for the Speech Clinician and Children -- The ALL PROGRAM contains 199 lesson plans which the speech clinician may use with children individually or in small groups. Nineteen of the 23 units contain nine lesson plans. The exceptions are the following units which contain only seven lesson plans since these sounds do not occur in all three positions: (ng), (h), (w) and (y). Each of the 199 lesson plans contains approximately ten activities each of which will require a verbal response from one or more children. These activities provide considerable variety and effectively demonstrate articulation

therapy in a language framework. These lesson plans utilize a two and three dimensional materials approach encompassing objects and pictures found in the child's environment accompanied by movement. For example, a (k) lesson plan concerning animals presents activities such as: singing the song about "Pig in the Barn--oink - oink - oink," telling animals (cat, cow, kangaroo, duck, shark, snake, camel, and skunk) to "walk" and to "come here" while children provide the action in order to understand this function of communication, pretend to give animals a drink of water by saying, "Take a drink," and asking various animals, "Kangaroo, are you sick?" etc. Singing, direction following and movement, accompanied by high interest materials have been found to be motivating for pre-school and early school aged children. The lesson plans were designed to maintain children's attention, high interest and maximum learning for periods of 30 to 45 minutes. However, the speech clinician may choose to teach a lesson plan during two therapy sessions or conduct two lesson plans in one session--this flexibility does exist with the ALL PROGRAM. In addition to stimulating therapy sessions, the various activities of ALL PROGRAM lesson plans enhance carry-over in that they are similar to or the same as activities in the child's environment. The target phoneme is noted by a large letter(s) at the top center of each lesson plan. Low cost and high interest materials are listed in the upper right corner of the sheet. The upper left corner contains a picture and words noting one of the following categories concerning the topic

of a particular lesson plan: ANIMALS, HOUSEHOLD, TRANSPORTATION, CLOTHING, FOOD and PEOPLE. In the lower left corner of each lesson plan, there is a code such as m-3 which indicates the target phoneme and the number of the lesson plan in that series. Directly to the right of the code is INITIAL, MEDIAL, FINAL or ALL POSITIONS indicating the emphasis a lesson plan has on a certain phoneme position. The clinician may use this code as an indication in deciding which lesson plan(s) to administer. Most units contain three lesson plans with emphasis on the initial position, three on the final position, two on the medial and one for all positions; however, this does vary according to frequency of usage in children's vocabularies and the likelihood of an error in a given position.

Word Lists -- Following the series of lesson plans in each unit are three pages of word lists except in the (ng), (h), (w), (y) and voiced (th) units where there are only one or two pages due to the paucity of words effective for therapy. These are organized according to initial, medial and final positions and blends in eight different categories--six of which correspond directly to the topics of lesson plans:

ANIMALS, BIRDS, FISH, INSECTS AND RELATED AREAS

HOUSEHOLD AND RELATED AREAS

TRANSPORTATION AND RELATED AREAS

CLOTHING AND ACCESSORIES

FOOD, MEAL PREPARATION AND KITCHEN UTENSILS

PEOPLE, DESCRIPTIONS AND ACTIONS

NAMES

OTHER

The speech clinician may use these word lists as a guide in developing lesson plans before beginning a unit of the ALL PROGRAM. For example, the speech clinician beginning therapy on (k) could refer to the word lists and teach children to say words in a specific category such as FOOD. Learning to say words such as "cabbage," "cake," "cookies," "candy," "carrot," "coffee," "corn," "ketchup," "cucumber," "cup," "kitchen," "cold," "cook," and "cut" will aid the child in producing the (k) in sentences contained in ALL PROGRAM lesson plans. They may also be used to modify or expand ALL PROGRAM lesson plans, provide parents and teachers with additional materials or a referral source for training. An example of aiding parents is the speech clinician who is working with a child having considerable difficulty with medial (k). The clinician may choose to provide the parent with a list such as the following and tell the parent these are words which may naturally be used in an eating or meal preparation situation: "bacon," "baking," "barbecue," "birthday cake," "biscuits," "breakfast," "candy cane," "chicken," "chocolate," "cocoa," "coconut," "cookies," "crackers," "drinking," "ice cream cone," "napkin," "macaroni," "pancake," "pickle," "picnic," "popcorn," etc. Of course, appropriate instructions similar to those found on the activity sheets for parents and teachers must accompany the word lists. Pre-school, kindergarten and first grade teachers may also be assisted by word lists. For example, they may be working on a transportation unit and request ideas from the speech clinician concerning transportation items beginning with (b) and (f) since children in her classroom are also being seen for therapy to

correct those sounds. The clinician could refer to the word lists and readily provide information concerning the following examples and also make suggestions of medial and final (b) and (f) modes of transportation as well as verbs and adjectives associated with them: "bicycle," "bike," "boat," "bus," "fender," "ferryboat," "firetruck," The categories of NAMES and OTHER along with categories listed above are included to provide greater flexibility.

Work Sheets -- The page to the left of each lesson plan contains copies of three work sheets in reduced size which are to be distributed and explained by the speech clinician in conjunction with the lesson plan. In order to implement a lesson of a unit, the speech clinician will need to duplicate extra copies of the actual work sheets (8-1/2 x 11). The ALL PROGRAM work sheets are included in a separate package. The purpose of the work sheets is to reinforce learning from the therapy session and to insure carry-over by engaging both parents and teachers in the therapy process. In addition the work sheets function to extend the effectiveness of the therapy session to other children as well as adults. Each work sheet has a code such as m-3 in the upper left corner which corresponds to the third lesson plan in the (m) unit. Headings of the three different work sheets and short descriptions of usage follow:

ACTIVITIES FOR THE CHILD: These activity sheets were designed to reinforce learning in the therapy situation. Since they were constructed solely for the child's utilization, he may choose to place them in a notebook, color them, cut them out, to say the

names of pictures or refer to them at his leisure without any form of penalty directed towards his speech. Each of the 199 child work sheets corresponds to a lesson plan and includes drawings that incorporate the target phoneme.

ACTIVITIES FOR THE PARENTS AND CHILD: Similar to the activity sheets for the child, these activity sheets reinforce learning in the therapy situation. In addition, they function as carry-over activities in that they bridge the gap between the home and the therapy classes. Each of the 199 parent activity sheets contains drawings with listed instructions and suggestions designed to reinforce production of the target phoneme in an environment outside the therapy class. The classification of parents is used as a general term and may include other persons who interact with the child in the instructional process. These may include grandparents, aunts, baby-sitters, guardians, college students in the area of child development, etc., where parents are unavailable or unable to actively participate in the parent program.

ACTIVITIES FOR THE TEACHER AND CHILDREN: This activity sheet is distributed by the speech clinician or the parents of the child being seen for therapy to the child's teachers in kindergarten, pre-school programs, Head Start Centers, etc. Each of the 199 activity sheets for teachers and children correspond to the categories in lesson plans (animals, food, clothing, transportation and people); therefore, they are compatible to the training and instructional materials found in many pre-schools. The teacher of the pre-school

child will find these activity sheets to be an excellent correlate in unit teaching. The ALL PROGRAM emphasizes auditory training and oral responses from children. It is readily apparent that many activities designed for the teacher will reinforce her instruction in the development of auditory skills and a phonic approach to reading readiness. It is recommended that the teacher duplicate this sheet and use it with the entire class or with the child who is being served by the speech clinician in a specific classroom situation, e.g., a reading group, when more appropriate.

Audio Cassette -- A cassette containing 76 songs including at least one for each ALL PROGRAM unit is included in your packet. Investigations concerning the use of song and speech therapy have demonstrated a number of positive factors. The speech clinician will find it easier to stimulate the child's error phoneme in singing as opposed to a structured speech activity. In addition, it has been found that it is a simple task to learn and memorize songs and chants. This activity generalizes to the speech situation and reinforces longer and more complex speech structures. It should be noted that children enjoy singing activities and these become self reinforcing. Finally, singing activities are an excellent vehicle for working with groups. Research conducted during the development of the ALL PROGRAM indicated that although most speech clinicians agree with singing in therapy, many were reticent to engage in this activity due to unfamiliarity of melody patterns of

the various songs, poor singing voices or general embarrassment concerning singing before a group. The cassette was designed to alleviate these difficulties and allow the clinician to use singing activities in her therapy class and for parent training sessions. The 76 songs are included on the cassette and appear in the phoneme order of the Table of Contents.

ALL PROGRAM TEST BOOK -- A separate publication entitled, ALL PROGRAM TEST BOOK, is included in the packet. The evaluation materials in this book were designed to ascertain the child's articulation proficiency and be compared to the goals originally designated in the Individualized Educational Program (IEP). Each unit is represented in the test book by twenty pictures the child is asked to name and ten different means of eliciting phrases and sentences from the child. All these responses will contain the target phoneme in the initial, medial and/or final position of words.

The test book contains drawings and recommended objects to elicit responses on the word and sentence levels. These materials were designed to evaluate the child's productions in a natural environmental approach which corresponds directly to the philosophy of the ALL PROGRAM. Information concerning administration, scoring procedures and interpretation of test results are included in the ALL PROGRAM TEST BOOK.

Procedures for Usage of the ALL PROGRAM

1. Before beginning the ALL PROGRAM, administer the following tests to children:
   --Standardized articulation test
   --Standardized language test
   --Test of auditory discrimination (if appropriate for age)
   --Audiometric threshold screening

--Examination of oral mechanism

--Notations of voice and fluency

2. Identify problem areas and write annual individualized educational program (IEP) on each child.
3. Decide which error phonemes to correct first based on individual philosophy concerning therapy.
4. Plan grouping strategies according to similarities of error phonemes, language development, developmental ages, and other scheduling considerations.
5. Duplicate IEP forms, test forms and work sheets for children, parents and teachers which will be needed throughout the year for children using the ALL PROGRAM. It is recommended that these be systematically filed according to phoneme in a filing cabinet.
6. Using IEP forms included in the ALL PROGRAM, complete the necessary information for individual phoneme units.
7. Based on information noted in the articulation profile of the IEP, the speech clinician begins articulation and language therapy. The ALL PROGRAM word lists may be used as a guide in developing lesson plans. When a child is able to produce the target phoneme acceptably in at least six or seven words containing the phoneme in various positions, he is ready to begin lesson plans of the ALL PROGRAM. The speech clinician's training and work experiences will dictate various methods to stimulate and elicit the criterion of acceptable responses.
8. These lesson plans, entitled "Activities for the Speech Clinician and Children," are directed towards specific error positions. Therefore, depending on the severity of the child's problem and the clinician's philosophy regarding remediation, the clinician may choose to administer

all lesson plans of a unit or only selected lessons targeted towards a given position.

9. As detailed earlier in the Introduction, the speech clinician will disseminate and explain work sheets for children, parents and teachers which accompany each lesson plan. She may also provide additional training to parents and teachers through observations, conferences, workshops, home and school visits, etc.
10. When the child completes a unit or selected lesson plans, the clinician administers the test for that phoneme contained in the ALL PROGRAM TEST BOOK.
11. Based on the test results, the clinician begins working with the child on a new phoneme or does additional work with the phoneme he was unable to produce with 95% accuracy at the word level and 75% accuracy at the sentence level.

Additional Suggestions

1. The following instructional materials, equipment and office supplies are recommended as minimal requirements for using the ALL PROGRAM:

--file cabinet or boxes and manilla folders
--children's tables and chairs
--carpeted room or area rug
--slot chart
--flannel board and flannel board materials
--objects and pictures to represent at least fifteen items in these categories: animals, household, transportation, clothing, food, people and actions, and consonant sounds targeted for therapy
--mirror
--cassette recorder
--paper notebooks for children
--three-hole puncher
--storage area for instructional materials
--large containers and small containers (cardboard boxes or bags)

2. It is recommended that certain objects be categorized according to phoneme and placed in shoe boxes, cans or other containers and labeled with the appropriate phoneme for ease of usage.
3. Parents and volunteers may donate instructional materials such as empty boxes of cereal, cans of beans and corn, cookie boxes, soap containers, etc. This aids the speech clinician in developing a greater supply of instructional materials and contributes to parent involvement.
4. It is strongly recommended that parents are encouraged to observe therapy sessions, participate in parent workshops, and attend conferences. This will enhance the child's progress. Persons such as baby-sitters, grandparents and neighbors may also want to be involved in parent activities.
5. Teacher involvement is also important to development of the child with speech and language problems. Since teachers usually have a busy schedule and are unable to leave the school unless an aid is available, it is suggested that the speech clinician take time from her schedule to visit or call each teacher (Head Start, pre-school, kindergarten, first grade, etc.) before one of their children begins the ALL PROGRAM. The correlation of ALL PROGRAM lesson plans with categories such as ANIMALS, FOOD and TRANSPORTATION may be noted along with initial, medial and final consonant sounds, developing children's listening skills, availability of large pictures or work sheets suitable for coloring and cutting, etc.
6. It is strongly recommended that the speech clinician conducts parent and/or teacher workshops at the beginning of the year to explain the ALL PROGRAM. She should explain the codes such as m-3 in the upper left corner of the work sheets and how parents, teachers, and the speech clinician can work

as a team to correct the child's articulation problems as quickly and effectively as possible. Also, it is suggested that she give examples of language activities they can do in addition to the work sheet directions. These workshops could also serve as a time to have IEP's signed.

7. It is widely accepted that the pre-school child needs motoric actions to enhance motivation and learning. With this premise in mind, all of the unit lesson plans were designed to include movement as an integral part of each lesson. It is suggested that the speech clinician provide variety of movement every five minutes or so by having children seated at the table for some activities, on the floor for others, standing or moving about the room following directions for others.
8. While using the ALL PROGRAM, children may be seen individually or in small groups of two to five children. It is recommended that children be grouped according to error phonemes and developmental ages; however, when it is impossible to group children so they will all be working on the same sound at the same time, the ALL PROGRAM does provide flexibility. It is possible to combine lesson plans on two different phonemes and it is also possible to use one lesson plan as a guide, then modify certain words to accommodate two or three sounds. For example, a (g) lesson plan will have a high incidence of words like "give," "got," and "go." These may be substituted by "let" and "look" for the child needing (l) therapy. In terms of lead sentences, some children would say, "Give me the_____" while others would say, "Let me have the _____." The clinician could also mix (l) and (g) animals and have some children say, "I believe that is a lizard," "I believe that is a leopard," etc. Others can say, "I put my

finger on the goat," "I put my finger on the kangaroo," etc. Children may be re-grouped throughout the year.

9. The recommended length of sessions with children is 30 to 45 minutes; however, it is also expected that the speech clinician will devote an additional three to fifteen minutes with parents following each session. Work sheets, expansion activities, child progress and parental questions may be discussed.

10. The "Activities for the Speech Clinician and Children" were designed to accommodate 30 to 45 minute sessions; however, a variety of factors contribute to the length of time it takes to complete a lesson. Some of these are: the number of children in a group, their ages, the severity of problems, the variety of problems, attention spans, interest in the lesson and the time of day. Therefore, the speech clinician may choose to administer only half a lesson plan for one session, conduct two lesson plans in sequence in another session, combine lesson plans for different units, omit parts of lessons, and/or modify lessons to suit individual needs of children. The clinician may also vary the sequence of ALL PROGRAM lesson plans.

11. It is recommended that the activities concerning irregular plurals and past tense be omitted with children under the age of six. Examples are "mouse" - "mice" and "swing" - "swung."

12. Blends are not included in ALL PROGRAM lesson plans; therefore, they are not evaluated in the ALL PROGRAM TEST BOOK. However, they are represented in the word lists. It is suggested that children below the age of six not be encouraged to correctly articulate blends. The clinician may be responsible for disseminating this information to parents and teachers

so they will not be alarmed when the children have difficulty saying words like "truck" and "school." However, since blends are included in the word lists, some clinicians may choose to develop new lesson plans or modify current lesson plans in order to accommodate blends for children ages six and above.

13. Some activities in the ALL PROGRAM involve auditory skills such as sound blending, rhyming and auditory discrimination. These may not be appropriate for most three year olds and some four year olds; however, it is strongly recommended that these activities be used with children ages five and above.
14. A system for telling the child when he is correct and incorrect is not included in the ALL PROGRAM; therefore, speech clinicians may select types and schedules of reinforcement based on their philosophies and the variety of children they serve.
15. Volunteers and/or parents may assist the speech clinician in locating instructional materials, punching holes in work sheets, organizing work sheets in manilla folders and file cabinets, organizing objects and pictures, assisting in therapy activities, and providing additional assistance to children needing extra help.
16. BE ORGANIZED -- It really helps!

Technical Data

The ALL PROGRAM was field tested in a number of states during 1976-77. A total of 227 presentations of ALL PROGRAM units were evaluated in Head Start Centers, private and public schools, speech and hearing clinics, day care centers, and community speech and hearing clinics. Table One presents data

involving 23 ALL PROGRAM UNITS in terms of number of therapy sessions, length of sessions, and percentage correct on final articulation test. Table 1 indicates a high dismissal rate coupled with a minimal amount of therapy exposure. In addition, the data compiled during the field testing phase dramatically demonstrated a relationship between the age of the child and his time in therapy, i.e., the younger the child the shorter the duration of therapy.

TABLE 1

Phoneme	Mean Number of Therapy Sessions	Mean Length of Sessions (minutes)	Percentage Correct on Articulation Test
m	9.2	42.5	90
n	6.0	45.0	100
ng	5.0	45.0	98
p	7.6	42.9	89
f	10.3	39.8	93
h	10.5	26.3	95
w	10.0	45.0	100
y	7.6	31.5	98
k	10.0	32.8	64
b	6.3	45.0	96
d	7.4	33.0	100
g	10.0	34.2	97
r	12.1	30.8	99
s	11.2	46.5	89
sh	10.5	34.1	91
ch	13.6	33.0	100
t	9.5	33.0	88
Voiceless th	8.5	33.8	79
v	10.0	32.2	94
l	12.4	31.6	97
Voiced th	7.0	60.0	100
z	10.0	60.0	100
j	10.0	45.0	100